

ARIZONA STATE DEPARTMENT OF HEALTH

This return should preferably be made by the person who made the original) **DIVISION OF VITAL STATISTICS** **SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No. * 13

Place of Birth Globe, Ariz. County Gila No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			2
DATE OF BIRTH* <u>July</u> <u>13,</u> <u>1916</u>			
(Month) (Day) (Year)			
FULL NAME	FATHER Joseph Marta		
FULL MAYDEN NAME	MOTHER Mary (Maria) Vernetti		

I HEREBY CERTIFY that the child described herein has been named

Edith Ida Marta

(Give name in full) (Surname)

Mary Marta

(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Link supplemental reports of birth may be obtained from the local registrar.
11 A.P.

44-713 457 ✓